



City of Midland Dial-A-Ride
333 West Ellsworth
Midland, MI 48640
989-837-6940

Please print all information clearly. Thank you.

Section 1: Passenger Information

Name: _____

Home Address: _____

Name of Building or Complex (if applicable) _____

Apartment number: _____ Midland, MI Zip: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____

Section 2: Please check all areas that apply to your travel needs:

1. I use mobility aids
☐ Manual Wheelchair ☐ Electric Wheelchair
☐ Amigo/Power Scooter ☐ Cane
☐ Walker ☐ Crutches
☐ Guide Dog ☐ Grocery Cart
2. ☐ I need to travel with staff while on the bus.
3. ☐ I have a vision impairment
4. ☐ I have a hearing impairment
5. ☐ I travel with oxygen
6. Any other information that Dial-A-Ride needs to be aware of:

Continued on next page

Section 3: Emergency Contact Information

List the names of two people and/or agency (if appropriate) which may be contacted in case of an emergency:

Contact Name #1 _____

Phone _____ Alternate Phone _____

Address: _____

Relationship: _____

Contact Name #2 _____

Phone _____ Alternate Phone _____

Address: _____

Relationship: _____

Section 4: ADA Verification – Any passenger (other than senior citizens) who is eligible for the reduced fare (\$.75 or pink tickets) under the Americans with Disabilities Act (ADA) needs to have a medical doctor or mental health professional complete this section.

I attest that _____ (name)
is eligible for the reduced fare based on their ADA qualifications.

Signature: _____

Name of Professional: _____

Agency (if applicable): _____

City _____ State _____ Zip _____

Phone Number: _____

Reminder: A separate form must be completed for each family member.

Return your completed application to:

City of Midland Dial-A-Ride
333 W. Ellsworth
Midland, MI 48640

If you have questions, please call Jan Yurgens at 989-837-6908.